

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1726 / 5898

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Dr. Prasad Gade

Mailing Address 520 Mary St Ste 520

City

Evansville

State

IN

Zip Code

47710-1682

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evansville Surgical Assoc-
iates

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: IE061025.0010081

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dr. Scott Conner

Mailing Address 2301 Castillo St

City

Santa Barbara

State

CA

Zip Code

93105-4208

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosurgical Associates

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: IE061025.0010082

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Dr. David M. Martin

Mailing Address 1136 Cleveland Ave
Ste 608

City

East Point

State

GA

Zip Code

30344-3608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta South Gastroenter-
ology

Occupation
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 0 6

Transaction ID: IE061025.0010083

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)